

OFFICIAL GAZETTE

GOVERNMENT OF GOA

EXTRAORDINARY No. 2

GOVERNMENT OF GOA

Department of Public Health

Notification

13/94/92-I/PHD/Part II

Read: (1) Government Notification No. 13/94/92-I/PHD dated 18-1-2000.

(2) Corrigendum No. 13/94/92-I/PHD(Part) dated 5-9-2000.

(3) Government Notification No. 13/94/92-I/PHD dated 26-9-2000.

(4) Government Notification No. 13/94/92-I/PHD(Part) dated 8-1-2002.

(5) Government Notification No. 13/94/92-I/PHD(Part-I) dated 17-12-2004.

(6) Government Notification No. 13/94/92-I/PHD/Part dated 18-4-2005.

(7) Government Notification No. 13/94/92-I/PHD/Part dated 10-4-2006.

(8) Government Notification No. 13/94/92-I/PHD/Part dated 12-9-2006.

The Government of Goa is hereby pleased to further amend the "Goa Mediclaim Scheme"

published in the Official Gazette, Series I, No. 26 dated 28-9-2000 (hereinafter called the "said schedule") as follows, namely:—

In the said scheme:—

The sub-clause (1) (a) under clause 2 shall be substituted as under:

"All permanent residents of Goa residing in Goa for last 15 years and figuring in the voters list, and holding permanent ration-card, including minor dependents, whose family income does not exceed Rs. 1,50,000/- per annum, shall be eligible for the medical facilities under this scheme."

Further in the said notification, the Forms 'B', 'C' and 'D' appended hereto, stands modified and shall be substituted with the forms 'B', 'C' and 'D' respectively appended hereto.

This notification shall come into force with immediate effect.

By order and in the name of the Governor of Goa.

Jessie Freitas, Under Secretary (Health-II).

Porvorim, 26th September, 2006.

FORM 'B'
INCOME CERTIFICATE

This is to certify that Shri/Smt/Kum..... is a permanent resident of Goa residing for the last 15 (fifteen) years and having his/her residence at H. No. Ward Village Taluka..... and that his/her income and that of the members of the family from all sources does not exceed **Rs. 1,50,000/-** per annum.

It is further certified that is a voter and his/her name is registered at Sr. No. of Voters List/holding permanent Ration Card No. maintained in this Office.

It is certified that parent/guardian of the minor is a voter and his name is registered at Sr. No. of Voters List/holding permanent Ration Card No. maintained in this Office.

Signature

Mamlatdar

Office Seal

FORM 'C'

(Application for Self treatment under Mediclaim Scheme)

Name

Address

Dated

To,
The Director of Health Services,
Mediclaim Cell, Campal,
Panaji-Goa.

Sub:- Treatment under the Mediclaim Scheme

Sir,

I have to proceed to (place) for medical treatment at (name of hospital) as required under the Scheme. I am submitting herewith the following certificates:—

- (i) Certificate from the Medical Superintendent, Goa Medical College, that facilities for my treatment are not available in this State.
- (ii) Certificate from the Mamlatdar of certifying that total income of my family does not exceed Rs. 1.50,000/- p. a. and that I am a permanent resident of Goa residing for the last 15 (fifteen) years and I am registered in the Voters List.

OR

- (ii) Certified copy of the P.P.O. bearing No. confirming that the patient is a retired State Government employee.

I shall be obliged if a letter recommending me for medical treatment at
(name of hospital) is kindly issued to me immediately for admission in the hospital.

Yours faithfully,

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Encl: As above.

FORM 'D'

(Application for treatment under Mediclaim Scheme to be submitted on behalf of the patient/or
when the patient is a minor)

Name

Address.....

Dated

To,
The Director of Health Services,
Mediclaim Cell, Campal,
Panaji-Goa.

Sir,

My (relationship), (name of the patient)
is to be taken to (place) for medical treatment at
(name of hospital) as required under the Scheme. The following certificates are submitted:—

- (1) Certificate from the Medical Superintendent, Goa Medical College, that facilities for his/her treatment are not available in this State.
- (2) Certificate from the Mamlatdar of (taluka) that the total income of my/
/his family does not exceed Rs. 1,50,000/- p. a. and that he/she is registered in the Voters List (not applicable if minor).
- (3) Shri/Smt/Kum is a permanent resident of Goa residing for the last 15 (fifteen) years.
- (4) Certified copy of the P.P.O. bearing No. confirming that the patient is a retired State Government employee.

I shall be obliged if a letter recommending him/her for medical treatment at
(name of hospital), (place) is kindly issued to me immediately for admission in the hospital.

Yours faithfully,

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Encl: As above.

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